STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965538	09/26/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hawthorne Inn Lakeland	6150 Lakeland Highlands Road Lakeland, FL 33813	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tag Cited:

0078-Staffing Standards - Staff Standards

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An extended congregate care (ECC) monintoring visit was conducted on .

The Hawthorne Inn of Lakeland, assisted living facility, had a deficiency at the time of the visit.

0078-Staffing Standards- Staff 58A-5.019(2) FAC

Based upon record review & staff interview 1 (A) of 3 personnel records reviewed did not contain evidence of Level II background screening.

Findings include:

A review of the personnel record for staff A who is a resident assistant, hired revealed there was only Level I background screening on file dated During interview on at 11am with the regional director she stated that a list was developed of staff needing to be updated & this staff is scheduled for fingerprinting.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Hawthorne Inn Lakeland
6150 Lakeland Highlands Road
Lakeland, FL 33813

Dear Administrator:

This letter reports the findings of a extended congregate care (ECC) monitoring visit that was conducted on . 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727)552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/clt

Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com